

- Maternal-Infant Health Program -
GOALS, OBJECTIVES, AND OUTCOMES CONCEPTUAL MATRIX

IMMEDIATE PROGRAM GOAL: To improve the health and well being of Medicaid-eligible pregnant women and infants through a system-wide process to:

- Screen all Medicaid-eligible pregnant women for key risk factors.
- Assign risk stratification.
- Deliver targeted interventions
- Measure specific outcomes.

LONG TERM PROGRAM GOAL: To reduce maternal and infant morbidity and mortality.

	CORE PROGRAM OBJECTIVES	ACTIVITY	LONG-TERM GOAL	PROXIMAL OUTCOME <i>Outcomes obtained as a result of process implementation.</i>	INTERMEDIATE OUTCOME <i>The initial outcome obtained after process implementation.</i>	DISTAL OUTCOME <i>The behavior change or health outcomes obtained as a result of the process implementation.</i>
1.	Increase Utilization of Timely and Adequate Perinatal Care	Assessment, Case Management, Education, Referrals, Support, and Home Visiting As Needed	All Medicaid-eligible women obtain adequate and appropriate care in the first trimester.	<ul style="list-style-type: none"> Promote a community wide perinatal and dental care referral system. 	<ul style="list-style-type: none"> Pregnant women have an established medical home. 	<ul style="list-style-type: none"> Pregnant women obtain appropriate prenatal care in the first trimester. Pregnant women obtain appropriate dental care. Pregnant women obtain the recommended number of prenatal care visits (an appropriate Kotelchuck score). Postpartum women obtain appropriate postpartum care.
2.	Reduce Maternal Smoking/Tobacco Use		A smoke free perinatal period.	<ul style="list-style-type: none"> A systematic process in place to screen pregnant women for tobacco use that includes documentation of the level of nicotine addiction and readiness to change. 	<ul style="list-style-type: none"> Promote standardized smoking cessation services among perinatal women. Promote harm reduction among perinatal women. 	<ul style="list-style-type: none"> Improve maternal and infant morbidity and mortality among those mothers who abuse alcohol.
3.	Increase Maternal Substance Abuse Screening and Intervention		Prevent maternal alcohol use.	<ul style="list-style-type: none"> A systematic process in place to screen pregnant women for alcohol use that includes documentation of the level of nicotine addiction and readiness to change. A systematic process in place to screen infants for Fetal Alcohol Syndrome (FAS). 	<ul style="list-style-type: none"> Alcohol users receive appropriate treatment. FAS infants receive appropriate assessment and treatment. 	<ul style="list-style-type: none"> Improve maternal and infant morbidity and mortality among those mothers who smoke

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4.	Decrease Unintended Pregnancy Rate and promote an appropriate inter-pregnancy interval.		Every pregnancy a planned pregnancy.	<ul style="list-style-type: none"> Systematic process in place to provide family planning. 	<ul style="list-style-type: none"> Education and development of family planning plan. 	<ul style="list-style-type: none"> Promote inter-pregnancy interval of 18-23 months.
6.	Increase Maternal Depression Screening and Intervention		Increase the number of women diagnosed and treated for depression. Improve birth outcomes of mothers with depressive symptoms. Improve social and emotional development of children with mothers who are diagnosed with depression or high-risk for depression.	<ul style="list-style-type: none"> Systematic process to screen pregnant women for depression. 	<ul style="list-style-type: none"> Pregnant women who screen positive for depression are appropriately referred for treatment. 	<ul style="list-style-type: none"> Pregnant women who screen positive for depression are appropriately treated.
7.	Increase Domestic Violence Screening and Intervention		Prevent domestic violence.	<ul style="list-style-type: none"> Systematic process in place to screen perinatal women for domestic violence. 	<ul style="list-style-type: none"> Women who screen positive for domestic violence receive subsequent domestic violence intervention. 	<ul style="list-style-type: none"> Improve the personal safety of women and their infants.
8.	Increase the Appropriate Treatment of Chronic Disease		Decrease morbidity and mortality related to chronic disease.	<ul style="list-style-type: none"> Systematic process in place to screen pregnant women for chronic disease. 	<ul style="list-style-type: none"> Pregnant women with chronic disease receive appropriate treatment and care coordination. 	<ul style="list-style-type: none"> Chronic disease well managed before conception.
9.	Increase Access to and Utilization of Transportation Services		Improve Medicaid-eligible women's awareness of and access to transportation services.	<ul style="list-style-type: none"> Pregnant women are appropriately screened for transportation needs. 	<ul style="list-style-type: none"> Pregnant women needing transportation services receive them. 	<ul style="list-style-type: none"> Increase access to health care and related services for woman and infants with transportation needs.
10.	Increase Adequate Maternal and Infant Nutrition		Improve women's and children's nutritional status and health. Improve maternal/infant attachment.	<ul style="list-style-type: none"> Pregnant women obtain prenatal vitamins. Pregnant women obtain folic acid before conception. Systematic process to refer pregnant women to WIC, ideally in the first trimester. 	<ul style="list-style-type: none"> Increase the total number of women enrolled in WIC and enrolled in the first trimester. Early and systematic promotion of breastfeeding. Appropriate maternal and infant weight gain. 	<ul style="list-style-type: none"> All infants breast-fed for 1-2 years. All women and children have adequate nutrition.

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11.	Increase Utilization of EPSDT Services		All Medicaid-eligible children receive EPSDT services per the schedule and attain timely infant developmental milestones.	<ul style="list-style-type: none"> Promote the recommended age-specific well child exams. Promote the recommended age-specific immunizations. Promote age-specific blood lead testing. 	<ul style="list-style-type: none"> Children who screen positive for developmental delays are referred for assessment and treatment. Improved accessing of the medical home. 	<ul style="list-style-type: none"> All children in need of early intervention receive early intervention.. Well children ready for school. Decreased ER utilization.
12.	Increase Timely Attainment of Infant Social-Emotional Milestones	Assessment, Case Management, Education, Referrals, Support, and Home Visiting As Needed	Medicaid eligible children enter school free of social-emotional delays.	<ul style="list-style-type: none"> Systematic process in place to screen infants for social-emotional-behavioral concerns. Infants with positive screens receive diagnostic assessments. 	<ul style="list-style-type: none"> Infants with delays referred to Early On. Infants with positive screens receive diagnostic assessments for social-emotional-behavioral concerns. Infants with social-emotional-behavioral concerns receive infant mental health/early intervention services. 	<ul style="list-style-type: none"> Infants with social-emotional-behavioral diagnosis receive infant mental health early intervention services.
13.	Increase Client Satisfaction	Surveys	Eligible women satisfied with services delivered.	<ul style="list-style-type: none"> Systematic process in place to document client satisfaction. 	<ul style="list-style-type: none"> Process to utilize client satisfaction data to make program modifications. 	<ul style="list-style-type: none"> Improved client retention.
14.	Increase Provider Satisfaction	Surveys	Providers satisfied with program.	<ul style="list-style-type: none"> Systematic process in place to document provider satisfaction. 	<ul style="list-style-type: none"> Process to utilize provider satisfaction data to make program modifications. 	<ul style="list-style-type: none"> Improved provider retention.

Other Proposed Indicators:

- Reduction in rate of infant maltreatment.
- Decrease sexually transmitted infections.
- Percent of pregnant women who had increased knowledge of labor and delivery
- Percent of women who have properly installed car seats.
- Percent of women successfully making own transportation arrangements
- Percent of pregnant women who eat nutritious meals.
- Percent of women receiving anticipatory guidance about lead sources or avoiding lead exposure.
- Percent of women who could express an understanding of lead concerns and can report 2-3 means of exposure or source of exposure.
- Substance abuse recidivism rate.
- Normal infant weight gain.
- Ability to self-manage.
- Maternal/infant bonding.